**Women – only treatment?: Epistemologies of ignorance, intersectionality and the need for a feminist embodiment approach**

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**Abstract**

The idea that women-only addiction services are best for women, tends to be based on weak evidence, assuming all women want single-sex treatment. Neale et al reveal important points about women’s expectations and experiences of women-only treatment which needs further exploration. This commentary offers theoretical support for their analysis.

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Neale et al (1) discuss that the somewhat, time-honored belief that women-only addiction services are best for women, tends to be based on weak evidence, assuming all women want single-sex treatment. Employing a small empirical study, the authors reveal important points about women’s expectations and experiences of women-only treatment. These points reveal this time-honoured belief as not only equivocal but also needing more exploration. Furthermore, given that their findings are consistent with “post structuralist and intersectionalist feminism”, the authors contend that there is theoretical support for their analysis.

Neale et al (1) would find further theoretical support for their analysis in *Gendering Addiction* (2) where the authors trace how the knowledge-making practices present in addiction research and treatment have made the field resistant to examining the gendered, classed and racialised power differentials that structure women’s lives. These power differentials need to be acknowledged, otherwise, what we want to know about women’s specific needs will continue not to be known. Feminist knowledge production is a promising route for overcoming pervasive epistemologies of ignorance that prevail in the addiction field and supporting post structural and intersectional feminism. The notion of epistemologies of ignorance (3, 4), used in the context of the women’s health movement, shows that this resistance movement was concerned not only with the circulation of knowledge but also ignorance. Indeed, *“to fully understand the complex practices of knowledge production and the variety of factors that account for why something is known, we must also understand the practices that account for not knowing … our lack of knowledge about a phenomena … [A]n account of the practices that resulted in a group unlearning what was once a realm of knowledge … [means] we must … examine the ways in which not knowing is sustained and … constructed … Any effort to understand ignorance [must] recognize that it is a complex phenomena which, like knowledge, is situated* (p. 2) (3).”

In the context of the addiction field, these ideas help researchers to recognize not only how ignorance is embedded in addiction research and treatment but also how addiction knowledge is constructed and produced by both knowing and not knowing practices. In effect, multiple epistemologies of ignorance work along gendered, sexualized, classed and racialized lines to make knowing what women need difficult to discern in the addiction field – an issue raised by Neale et al (1) when they refer to “respecting the diversity of women’s lives and experiences” (p. 12).

While Neale et al (1) explore women’s expectations and experiences of treatment, their work would also benefit from focusing on embodiment - recognizing how social power differentials position women’s bodies and acknowledging the pervasive epistemologies of ignorance that structure knowledge practices. Epistemologies of ignorance that persist within the addiction field can be remedied through an approach rooted in feminist knowledge of embodiment.

For example, the vernacular of drug use relies on an individualistic, mechanistic view of a gendered body, a view that goes hand in hand with the notion, ‘embodied deviance’, ‘the scientific claim that bodies of individuals classified as deviant are marked in some recognizable way’ p. 2 (5). Regardless of how deviant behaviour is defined, it manifests itself in the substance/materiality of the 'deviant's' body. Simply, individuals who deviate from the ideal are not only deemed to be socially and morally inferior but also their social and moral trouble making is embodied. As a form of ‘embodied deviance’, drug use ‘marks’ bodies of individuals and determines their low social status and lack of moral agency. Even within the women’s movement, women’s drug use is considered as an emblematic failure for women (6), the guardians of morals (7). Addicted women typically occupy subordinate social locations and are often passed over by feminist movements focusing on health equity or reproductive rights due to the stigma and moralising surrounding drug and alcohol use which exist in feminist movements. Neale et. al’s (1) implicit sympathy for a relational approach to treatment has merits in that this approach helps to generate empathic responses which have political implications in the addiction field (8).

Recently, Campbell and Herzog (9) argued that bodies become *“interpretable”* culturally and politically and in response bodies are changed - *“bodies are … shaped to carry the effects of a gender order”* (p. 254). They demonstrate that gender and other categories such as race, ethnicity, age, class, etc, are intersecting categories assigned to bodies. This idea is implicit in Neale et al (1) and could usefully be incorporated into all addiction research and treatment.

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